

Environmental Health - Land Use Services
385 N. Arrowhead Ave.
San Bernardino, CA 92415-0160
909-884-4056



Application for Food Service Facility Plan Review

Business Name: _____ Phone: _____

Business Owner: _____ Phone: _____

Business Address: _____

Requestor/Contact Person: _____ Phone: _____

Requestor Business Name: _____ Phone: _____

Address: _____ Email: _____

Check Most Appropriate: ☐ Operator ☐ Contractor/Architect

Basic Facility Information: ☐ New ☐ Existing Food Facility ☐ Former Business Name: _____

Scope of Remodel: _____

Nature of Service: Provide a description of the basic type of food and beverage service and nature of operation.

Seating Capacity: _____ Square Footage: _____ Max Number of Employees Per Shift _____

DO NOT WRITE BELOW THIS LINE

Received By: _____

Date: _____

☐ PRELIMINARY REJECT

☐ NOT APPROVED, PLANS ARE REJECTED AS SUBMITTED
Three (3) corrected and detailed copies of the plans, including equipment layout sheets, are to be resubmitted for approval by the department prior to building permit issuance. Return one copy of the rejected plans.

☐ PLANS APPROVED AS CORRECTED. The violations listed require correction prior to issuance of a permit to operate. Plans valid for up to 2 years from this date, after which plans are void.

Plans checked by _____

Date: _____ Phone: _____

FOR OFFICE USE ONLY

Date Service Completed: _____

DIST: _____ City Code: _____

Amt Paid: _____ Receipt # _____

Check # _____

APN: _____

SR# _____

FA#: _____

PE# _____

Client Contracted: _____

Date Client Called: _____